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W. E. H

A Dissertation

on

Cynanche Trachealis.

By Saml. Watkins Vaughan,

of Virginia.

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A few years ago diseases of children were scarcely noticed by teachers of medicine, deeming it more the province of the nurse, than physician to attend to this department; nor was it until the illustrious Harris published his work "de morbis acutis infantum" that the attention of physicians was drawn to this the most interesting part of their profession. Until then the most eminent practitioners did not hesitate to acknowledge that it was

with reluctance that they approached the sick-bed of an infant "judging their diseases to form a labyrinth to which they had no clew." But a new era has appeared. No longer does the physician look on the diseases of children as irremediable, for experience has taught them that medicine may be used with as much safety, and as decided benefit in the complaints of children as those of adults.

The subject which I have chosen for my inaugural dissertation is Croup, which is by far the most alarming and fatal disease to which children, of our country, are exposed.

This disease, though not peculiar to the United States, seems far more prevalent in it than in Great Britain, France or other European countries, for foreign writers speak of it as being a disease of "rare occurrence." In the United States its occurrence is very common. Croup appears to be a disease of modern

date, for although Harris, Boerhaave, and Martin Ghisi, are said to have described it, Dr. Home of Edinburgh, was the first who gave any correct account of its nature.

Some physicians have deemed it proper to divide Croup into Idiopathic and Symptomatic. Dr. Caldwell however declares that he "believes Cynanche Trachealis to be always an original disease, and never produced by any irregularities of Cynanche Tonsillaris or Cynanche Maligna." On the contrary Dr. Cullen observes that "it may arise first in those parts, and continue to subsist in them alone; or it may come to affect those parts from the Cynanche Tonsillaris or Maligna spreading into them." Dr. Rush likewise remarks "I have seen it accompany as well as succeed Small Pox, Measles, Scarlet fever, and Aphthous sore throat. In the late Dr. Fuke it followed acute rheumatism. The late Dr.

Dayre informed me that he had seen it occur in a case of Yellow fever in the year 1798." We have likewise the evidence of Cheyne, Ferrier, Bard, Thosack and others, of its being symptomatic of many other diseases. It is however my intention to treat only of the primary or Idiopathic croup, as the treatment of the other varieties may more properly follow the diseases of which they are a sequel.

The most common cause of this disease is the application of cold and humidity. It appears chiefly in the winter and Spring, though it is peculiar to no season. It is less known in the southern, than midle or northern States. It is observed to be more prevalent near the Seaboard, in large seaport towns, and in marshy destricts of inland countries; It occurs very frequently in the vallies of Virginia and Tennessee, in cold changeable

weather, often appearing after a cloudy rainy day; It is more easily brought on in some children than in others, they having an hereditary predisposition for it. Robust, ruddy, short necked children are more liable to and more violently attacked by it. The younger children are when wanted, the more rapid they are to the disease, age does away in a great measure the susceptibility for it though I have seen an instance of it in a woman forty years of age I am of opinion that croup is never propagated by contagion. It sometimes prevails as an epidemic as is stated to have been the case in the neighbourhood of Alexandria in the year 1819, and also in Philadelphia in 1807 and 1818. After having given the causes in as succinct a manner as possible I shall now proceed to give some of the symptoms of this disease.

Croup makes its attack in various

ways. It commonly begins with shivering and other febrile symptoms, as thirst, restlessness, accelerated pulse & hot dry skin. In some cases the child awakes in the night with all the symptoms of the disease, no previous indisposition having been observed. In others the child has a dry, hoarse cough, and many of the catarrhal symptoms for a day or two preceding the attack. The breathing becomes difficult, and is attended with a wheezing noise. The voice is shrill, the cough is peculiar, and has been compared to the barking of a small dog, the crowing of a young cock &c. The countenance is suffused, the eyes watery, the skin burns, there is great thirst, the breathing becomes more and more difficult, the little patient often raises itself in bed, but in no posture can it find relief. There is generally some remission of the disease during the day,

but as night approaches the symptoms begin gradually to grow worse, the cough becomes harder and more shrill, respiration more and more difficult and the patient appears in constant danger of suffocation. During the first stage the inflammation is confined mostly to the glottis and upper part of the trachea, but if permitted to continue for many hours the inflammation extends to the bronchiae and even into the substance of the lungs the same producing such morbid conditions of mucous and albumen or an exudation of coagulable lymph, or an engorgement of the lungs with blood. At this period of the disease the pulse is full and bounding and readily yields to pressure; the child has no relief from its oppression, the respiration is exceedingly laborious the eyes are prominent and inflamed the countenance exhibits a purple

livid apoplectic appearance; such cases as these chiefly occur in florid and plethoric patients. In weak and sickly the case is very different, the face appears pale the pulse tremulous and irregular, the surface cold and clammy, there is no wheezing but rather a rattling in the throat and the breathing rather more tranquil.

Some [illegible] disappointed [illegible] more of the [illegible] of spasmodic inflammation such cases not [illegible] appear [illegible] suddenly, there is [illegible] action of dyspnoea, the cough comes [illegible] frequently but the attacks of suffocation are equally distressing, and in some cases prove fatal in a very few hours.

When croup terminates favourably a free expectoration takes place, and the symptoms begin gradually to abate, a moisture pervades the surface, the fever declines and the

cough gradually wears away. It now remains for me to say a few words of the method of treating this disease; which I shall do by giving the general indications and not descend into minutiæ.

When called in to see a patient labouring under the first symptoms of a severe case of tartarised antimony either alone or in combination with Ipecac should be administered immediately, or if at hand proves equally efficient is Dr. Cox's Cure syrup given in the dose of from two to three teaspoonfuls according to the age of the patient or the violence of the disease, at the same time the child should be put in a warm bath and sponged to remove there for ten or fifteen minutes. If this should not promote a free operation of the emetic or should recent to copious venesection and a repetition of the bath, both of which prove highly beneficial

in promoting the elevation of sore throat as well as arresting the progress of the disease. Emetics are certainly our most valuable remedies in the cure of croup, give in the commencement of the attack, they produce relaxation and remove spasm, re-establish a free and equable circulation, cause a copious discharge of mucus from the throat and in many instances effect an entire cure without the aid of any other medicine.

As auxiliary means bleeding by leeches and cups are highly serviceable. Dr Potter Professor of Theory and Practice of Medicine in the University of Maryland suggests the propriety of opening the temporal artery instead of leeching which he says acts injuriously and very feebly. As soon as the leeches or cups are removed from the neck warm

the chest is completely relieved a blister should be applied in front of the neck so as to extend from ear to ear.

If the foregoing remedies should fail, which they sometimes do we are devoted to bleed ad deliquium animi carried to this extent we are assured that it almost invariably succeeds.

After the force of the disease is broken, which is evinced by the abatement of the febrile symptoms and the returning susceptibility of the system to the action of medicine, calomel should be given in large doses and its operation promoted by enemata. Dr Brickell of Georgetown recommends the exhibition of calomel in combination with tartarized antimony by which means, says he, the stomach, skin and bowels, the three principal seats of excitement and sympathy may

be acted on at once. Dr James Hamilton Jun: commences the treatment of croup by the warm bath & calomel he assures "that in every case where it was employed previous to the occurrence of the tracheal of the lips and other vascular symptoms, (amounting now to about forty) it has completely succeeded both in curing the disease and preventing any shock to the child's constitution."

Dr Barlow's right of statistics does not wait for the relaxation of the susceptibility of the system; but administers calomel in corresponding doses: he states a case in which he gave several hundred grains in the course of twenty four hours with the happiest effect. To promote expectoration and relieve hoarseness, cough and other remains of the disease Dr Lewis's hive syrup or Polygala Senaka proves very

efficient. The second or that stage of croup which puts on the form of Peripneumonia notha, the indications are to relieve the lungs of oppression and to reestablish a free and equable circulation, to fulfil which the child should be put in a warm bath and an emetic of Sulphate of zinc given it. which operates quicker and is less debilitating than Tartar emetic or Specac.

In this stage we should draw blood very cautiously a little should be taken at a time, and its effects on the system watched, if beneficial it may be renewed but with great circumspection.

Where any doubt exists as to the propriety of using the lancet cups or leeches to the back, may be substituted, great benefit may be derived from the application of a blister to the chest for which purpose cloths wrung of hot water or a decoction of

Cantharides may be used as the most prompt means of vesication.

Dr. Rush relates a case of the good effects of calomel even after the formation of the membrane had taken place. Ammonia. Musk. Camphor. Asafoetida. and other stimulating expectorants have been strongly recommended and appear to be suited to this stage, as they are remedies well calculated to excite the secretions of the lungs, and at the same time to support the general powers of the system.

Dr. Miller recommends the following formula given in the dose of table spoonfull every ~~hour~~ half hour.

℞ Gum. Asafoetidæ ʒii.
Spts minderori ʒi.
Aqua Puleg ℥iii. M.

FINIS